

RECEIVED
CENTRAL FAX CENTER

NOV - 2 2005

KELLEY

DRYE

10/650319

FACSIMILE TRANSMISSION

TO

FIRM

United States Patent and Trademark Office

CITY

Alexandria, VA

FAX

571-273-8300

PHONE

NO. OF PAGES

2 (including this page)

DATE

November 2, 2005


KELLEY DRYE & WARREN LLP
TWO STAMFORD PLAZA
281 TRESSER BOULEVARD
STAMFORD, CONNECTICUT
06901-3229
(203) 324-1400
FAX (203) 327-2869

MESSAGE:

Re:

U.S. Patent No. 6,838,145
Issue Date: January 4, 2005
First Named Inventor: Drew
Attorney Docket Number: VTI-102.2(C)

Enclosed please find a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address.


Hans-Peter G. Hoffmann, Reg. 37,352

FROM

Hans-Peter G. Hoffmann

PHONE

(203) 351-8011

E-MAIL

hhoffman@kelleydrye.com

TIMEKEEPER ID

05237

CLIENT NO.

090008.0089

NEW YORK, NY
WASHINGTON, DC
TYSONS CORNER, VA
CHICAGO, IL
STAMFORD, CT
PARSIPPANY, NJ
BRUSSELSAFFILIATE OFFICES
JAKARTA
MUMBAI

IF PROBLEMS OCCUR DURING TRANSMISSION PLEASE CALL (203) 324-1400.

The information contained in this facsimile message is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivery to the intended recipient, you are hereby notified that any use, copying, disclosure or dissemination of this communication may be subject to legal restriction or sanction.

NOV - 2 2005

PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	Pat. No. 6,838,145
Filing Date	Issued Jan. 4, 2005
First Named Inventor	Drew
Art Unit	1774
Examiner Name	Mulvaney, Elizabeth
Attorney Docket Number	MTI-102.2(C)

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

47670

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

47670

OR

<input checked="" type="checkbox"/> Firm or Individual Name	KELLEY DRYE & WARREN LLP			
Address	TWO STAMFORD PLAZA 281 TRESSER BOULEVARD			
City	STAMFORD	State	CT	Zip
Country	US			
Telephone	203-324-1400	Email		

I am the:☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name			
Date			
Telephone			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.